

hospitalization outside Canada the Plan will not pay more than the rate set for approved hospitals in the Territories, less the co-insurance charge of \$1.50 per day.

The Territorial Hospital Insurance Services Plan will pay for active hospital care as long as it is medically necessary, but not for convalescent, nursing home or custodial care. If patients are admitted to hospital earlier than necessary, or remain in hospital longer than necessary, the Plan will not pay for the time it considers to be unnecessary.

The following services are not paid for by the Plan:

- (a) professional fees of physicians, surgeons and anaesthetists;
- (b) fees of private nurses requested by the patient or his representative;
- (c) cost of private or semi-private room when requested by the patient or his representative;
- (d) dental care, unless hospital care is certified as necessary by a physician;
- (e) drugs taken home upon discharge from hospital;
- (f) ambulance fees.

OUT-PATIENT BENEFITS (PATIENTS NOT REQUIRING A BED)

Insured residents are entitled on an out-patient basis to all the services available to an in-patient with the exception of bed and meals. These services include, at the request of a physician, X-ray, laboratory tests and other diagnostic procedures, and use of hospital facilities for dressings, plaster casts, suturing, removal of cysts, etc.

The services listed as not paid for by the Plan on behalf of in-patients are also

excluded from out-patient benefits, together with the following:

- (a) any tests, treatment or follow-up procedure normally performed in a physician's office;
- (b) routine procedures done as part of a public Health program, such as Cancer Control, T.B. Control, etc.;
- (c) physiotherapy;
- (d) radiotherapy.

Address all correspondence and enquiries to:

Executive Secretary,
Territorial Hospital Insurance
Services Board,
Department of Northern Affairs and
Natural Resources,
Ottawa, Ontario,
Canada.

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TERRITORIAL HOSPITAL INSURANCE
 SERVICES BOARD



GENERAL INFORMATION

The Territorial Hospital Insurance Services Plan provides for hospital care when requested by a physician for as long as his daily supervision is required. The Plan covers services provided in any approved hospital or nursing station in the Northwest Territories, or hospital in Canada. Outside Canada hospitalization is covered to a limited extent. Tuberculosis hospitals or sanatoria, hospitals for the mentally ill, homes for the aged or infirm or similar types of institutions are not included under the Plan.

PERSONAL OR GROUP COMPLEMENTARY INSURANCE

Insurance companies or societies may cover additional charges such as semi-private or private accommodation, physicians' or special nurses' fees, and the co-insurance charge for in-patient services, but are prohibited from underwriting the cost of insured services.

THIRD PARTY LIABILITY

Insured residents claiming damages for injuries against a third party are required to include a claim for the cost of services paid

on their behalf by the Territorial Hospital Insurance Services Plan. The Plan should be consulted before any settlement is made.

ELIGIBILITY

Legal residents of Canada who have resided in the Northwest Territories for at least three months are covered under the Plan. Newborns are covered from birth provided the parents are insured residents.

Members of the armed forces, R.C.M. Police and other persons covered under other legislation are not covered by the Plan.

Visitors, transients and tourists are not covered by the Plan.

Insured residents who are temporarily absent from the Northwest Territories are eligible for benefits for a period of twelve months. This period may be extended when illness or other factors acceptable to the Plan prevent their returning to the Territories.

To obtain benefits insured residents are required, on admission to hospital, to sign or have signed on their behalf a declaration showing that they fulfill residence requirements.

LOSS OF ELIGIBILITY

Insured residents who leave the Northwest Territories to take up residence within Canada cease to be eligible for benefits under the Plan after normal travelling time plus any waiting period not exceeding three months which may be required for them to qualify for benefits under another Provincial hospital plan. Insured residents who leave the Northwest Territories to take up residence outside

Canada are no longer eligible for benefits under the Plan after three months from the date of leaving the Territories or on the date of leaving Canada, whichever is the sooner.

IN-PATIENT BENEFITS (PATIENTS REQUIRING A BED)

Insured residents are entitled to the following services during their stay in hospital, upon payment of co-insurance charge of \$1.50 per day:

- (a) bed and meals at the standard or public ward level;
- (b) necessary nursing services;
- (c) laboratory, X-ray and other diagnostic services which are medically necessary;
- (d) drugs and related preparations (except patent medicines) when administered in the hospital;
- (e) the use of the operating room, case room and anaesthetic facilities, including necessary equipment and supplies;
- (f) the use of any special treatment service available in the hospital.

Admission to hospital must be authorized by a physician; where a physician is not available at a hospital or nursing station admission may be made by the superintendent with confirmation by a physician that hospital care is necessary.

On admission to hospital outside the Northwest Territories insured residents should request the hospital authorities to get in touch with the Territorial Hospital Insurance Services office without delay. Insured residents who have paid for hospitalization inside Canada will be repaid by the Plan, upon submission of an itemized account from the hospital, at the authorized rate set for the hospital under its Provincial plan less the co-insurance charge of \$1.50 per day; for